



PTO/SB/83 (01-06)

Approved for use through 12/31/2009. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/5521358 10/552-358
Filing Date	October 3, 2005
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	K0001-602-US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Transfer of representation by Assignee/Owner

CORRESPONDENCE ADDRESS

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Signature

Name

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Registration No.

41,838

Date

May 31, 2007

Telephone No.

703-585-5956

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or complete examination period, the request to withdraw is deemed disapproved.

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